

↑ ATTACH CHECK HERE ↓

**4. CONTINUED**

(c) Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? ☐ YES ☐ NO

(d) Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied? ☐ YES ☐ NO

(e) Has the applicant ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation?

☐ YES ☐ NO

(f) If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or place on probation?

☐ YES ☐ NO

**5. EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 4(c), (d), (e), OR (f).**

Applicants who have answered "yes" to item(s) 4(c), (d), (e), or (f) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose. If additional space is needed, use a separate sheet and return with application.

**6. PAYMENT METHOD (X only one)**

☐ VISA

☐ MASTER  
CARD

☐ CHECK

☐ U.S. MONEY  
ORDER

**FEES ARE NOT REFUNDABLE**

Credit Card Number

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Expiration Date

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SIGNATURE OF CARD HOLDER

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**7. CERTIFICATION FOR FEE EXEMPTION**☐

**MARK THIS BLOCK IF APPLICANT NAMED HEREON IS A FEDERAL, STATE, OR LOCAL GOVERNMENT OPERATED HOSPITAL, INSTITUTION, OR OFFICIAL.**

The undersigned hereby certifies that the applicant named hereon is a federal, state, or local government operated hospital, institution, or official, and is exempt from payment of the application fee.

Signature of Certifying Official (other than applicant)

Date

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Print or Type Name of Certifying Official

Print or Type Title of Certifying Official

**8. APPLICANT SIGNATURE (must be an original signature in ink)**

Signature

Date

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I hereby certify that the foregoing information furnished on this application is true and correct.

Print or Type Name

Print or Type Title (e.g., President, Dean, Procurement Officer, etc...)

**RETURN COMPLETED APPLICATION WITH FEE IN ATTACHED ENVELOPE**

*MAKE CHECK OR MONEY ORDER  
PAYABLE TO  
DRUG ENFORCEMENT ADMINISTRATION*

UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
CENTRAL STATION  
P.O. BOX 28083  
WASHINGTON, D.C. 20038-8083

For information, call 1 (800) 882-9539

See "Privacy Act" Information on last page of application.